

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Society of Plastic Surgeons

ADDRESS (number and street)

444 East Algonquin Rd

☐Check if different
than previously
reported. (ACC)

Arlington Heights

IL

60005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00249342

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Seward

Signature of Treasurer

Electronically Filed by William Seward

Date

03

25

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Society of Plastic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		55979.86
(b) Cash on Hand at Beginning of Reporting Period	33157.86	
(c) Total Receipts (from Line 19)	138530.00	151708.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	171687.86	207687.86
7. Total Disbursements (from Line 31)	80000.00	116000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91687.86	91687.86
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	116879.00	126429.00
(i) Itemized (use Schedule A)	21651.00	22779.00
(ii) Unitemized	138530.00	149208.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	138530.00	149208.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	138530.00	151708.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	138530.00	151708.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	116000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	80000.00	116000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80000.00	116000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	138530.00	149208.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	138530.00	149208.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

William Jervis, MD

Mailing Address Suite 109

1844 San Miguel Drive

City

Walnut Creek

State

CA

Zip Code

94596-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: A667FD1E7FFDD46CBB59

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Nina Shaikh-Naidu, MD

Mailing Address 160 E. 72nd St

City

New York

State

NY

Zip Code

10021-4364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: AAE88E203006E48ED87A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Antonio Gayoso, MD

Mailing Address 4600 4th Street, N.

City

Saint Petersburg

State

FL

Zip Code

33703-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: AB6C24B9B35E64E59AC1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Ronald Freeman, MD

Mailing Address 420 Charter Blvd , Suite 103

City

Macon

State

GA

Zip Code

31210-0717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: A5BE4A8A51F0B4412BB6

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ernesto Ruas, MD

Mailing Address 603 South Blvd

City

Tampa

State

FL

Zip Code

33606-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: A7D76EA1D22A84349AD4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey M Darrow

Mailing Address 10 Eagle Drive
10 Eagle Drive

City

Canton

State

MA

Zip Code

02021-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: A62A76BA597A74B51B3E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

James Lovett, MD

Mailing Address 301 Pkwy

City

Greer

State

SC

Zip Code

29650-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: A0A13199FE5EF45F2BCE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gary Culbertson, MD

Mailing Address 18 Miller Rd

City

Sumter

State

SC

Zip Code

29150-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iris Surgery Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: AA7A84E3DE6754F65B6D

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Watanabe, MD

Mailing Address 24401 Calle De La Louisa, Suite 10

City

Laguna Hills

State

CA

Zip Code

92653-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: AE04040D0BF6442AF812

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Alfred Wilder, MD

Mailing Address Suite 203

3003 Bee Cave Road

City

Austin

State

TX

Zip Code

78746-5550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: A357746703AFA4590B93

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Holly Casey Wall

Mailing Address #106

1400 E. Bert Kouns

City

Shreveport

State

LA

Zip Code

71105-5647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: AA1EAD0418C744E9CB2D

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Karol Gutowski, MD

Mailing Address 600 Highland Ave H5/3

City

Madison

State

WI

Zip Code

53792-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: AA9E770B5966C4644AD2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

June S Chen

Mailing Address Suite 175

7240 South Highland Drive

City

Salt Lake City

State

UT

Zip Code

84121-6523

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: AEA2CC29A726142C69B3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Norman Rappaport, MD

Mailing Address Suite 1812

6560 Fannin Street

City

Houston

State

TX

Zip Code

77030-2775

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: A4205CCA132F140BF823

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Reza Momeni

Mailing Address 75 Elm St

City

Summit

State

NJ

Zip Code

07901-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: A88BC61319D214052A7F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Denise Kenna, MD

Mailing Address 1936 Powder Mill Rd

City

York

State

PA

Zip Code

17402-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 7

Transaction ID: A07C1E7E06A924656823

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric Robert Mariotti

Mailing Address Suite 310
2222 East Street

City

Concord

State

CA

Zip Code

94520-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 7

Transaction ID: A74A1285208F140EC8C1

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Herluf Lund, MD

Mailing Address Suite 300
17300 N. Outer 40 Road

City

Chesterfield

State

MO

Zip Code

63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Cosmetic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 7

Transaction ID: A7DAE25FFE5A64927BAD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

William Wyatt, MD

Mailing Address #206

2232 Dell Range Boulevard

City

Cheyenne

State

WY

Zip Code

82009-4942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 7

Transaction ID: A5DF0813CFDE94B078CE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Anne Taylor, MD

Mailing Address 1800 Abbotsford Green Dr.

City

Powell

State

OH

Zip Code

43065-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: A57BDA8C03FAD4415BB5

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Stephan Baker

Mailing Address 1717 N. Bayshore Drive
1717 N. Bayshore Drive

City

Miami

State

FL

Zip Code

33132-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stephan Baker MD, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 7

Transaction ID: A7D7A88E604E44BD1ADF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Arturo K Guiloff

Mailing Address Suite 100

2865 Pga Boulevard

City

Palm Beach Gardens

State

FL

Zip Code

33410-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Estetica Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: A689166EE20B748A5B09

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Deborah White, MD

Mailing Address Suite 104

8896 E. Becker Lane

City

Scottsdale

State

AZ

Zip Code

85260-6281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: ADD99CF5873214E7192F

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Simeon Wall, MD

Mailing Address Suite 106

1400 E Bert Kouns

City

Shreveport

State

LA

Zip Code

71105-5647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: A8455CB08C40F4D44907

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Donald Ditmars, MD

Mailing Address 2799 W. Grand Blvd.

City

Detroit

State

MI

Zip Code

48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: A2A154A52CCAB401A92C

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Orlando Canizares

Mailing Address P.S Bos 361005

City

San Juan

State

PR

Zip Code

00936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinica Las Americas

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: A15A7DF3FE7384066AA7

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Charles Slack, MD

Mailing Address Suite 370
1105 Central Expressway

City

Allen

State

TX

Zip Code

75013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: A5AF02945BA1A4239BF6

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

John Heieck, MD

Mailing Address 8900 West Dodge Rd

City

Omaha

State

NE

Zip Code

68114-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	0	7

Transaction ID: ABE1D5CA3520D4B1791A

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert G Anderson

Mailing Address Suite 100
800 12th Avenue

City

Fort Worth

State

TX

Zip Code

76104-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: AAABFBBF66D614DFC917

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Linda Phillips, MD

Mailing Address 6 124 McCullough Building
301 University Boulevard

City

Galveston

State

TX

Zip Code

77555-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	7

Transaction ID: AB744CD2FCA2A41E6B5B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 100

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Jack Gunter, MD

Mailing Address Suite 170

8144 Walnut Hill Lane

City

Dallas

State

TX

Zip Code

75231-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: A6818537AB7C54A40A04

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stephen Hall, MD

Mailing Address 33 Overlook Rd , Suite 205

City

Summit

State

NJ

Zip Code

07901-3562

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: A9ED485CFA77842DEA47

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David Schnur, MD

Mailing Address 1578 Humboldt St

City

Denver

State

CO

Zip Code

80218-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: A0827BC8931804E89862

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

David Pratt, MD

Mailing Address 4005 Colby Ave

City

Everett

State

WA

Zip Code

98201-4928

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	7

Transaction ID: AE04245F994E24D1EB82

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Andres G Resto

Mailing Address Suite 105
1485 West Warm Springs Road

City

Henderson

State

NV

Zip Code

89014-7632

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	7

Transaction ID: A220DAFAE8DED40B6ABD

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Michael Reed, MD

Mailing Address 100 Retreat Ave

City

Hartford

State

CT

Zip Code

06106-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: A2194659209E047A6A15

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Deason Dunagan, MD

Mailing Address 303 William Ave , Suite 1421

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A50428F2926E24F5299D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Zienowicz, MD

Mailing Address 2 Duldey St , Suite 460

City

Providence

State

RI

Zip Code

02905-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: A3552AC1CAA92404CBA9

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Khoa D Lai

Mailing Address Suite 210
1345 Unity Place

City

Lafayette

State

IN

Zip Code

47905-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: A2966C01B11104006884

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Anne Taylor, MD

Mailing Address 1800 Abbotsford Green Dr.

City

Powell

State

OH

Zip Code

43065-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: A61CE1AC0FDC54CD7BE4

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Debra Reilly

Mailing Address 1008 Dodge SE #305

City

Omaha

State

NE

Zip Code

68102-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: A6012F789E8B24D7C847

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Galen Perdakis, MD

Mailing Address 4500 San Pablo Rd

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic JacksonvilleOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: A8ED368511B8D47FFA05

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Thomas Hubbard, MD

Mailing Address Suite 100

396 S. Witchduck Road

City

Virginia Beach

State

VA

Zip Code

23462-3600

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: A58D2587E64D34E8BBEA

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Imprata, MD

Mailing Address 2460 N. Ponderosa Dr

Suite A117

City

Camarillo

State

CA

Zip Code

93010-2468

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: AF3C2D7CC0F7445CE934

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Rehnke, MD

Mailing Address 6606 10th Ave North

City

Saint Petersburg

State

FL

Zip Code

33710-6104

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: A3FEB0DF87A7A46B8A09

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Mark Granick, MD

Mailing Address 90 Bergen St , Suite 7200

City

Newark

State

NJ

Zip Code

07103-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: A01514FF32F6344B4905

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Kennedy, MD

Mailing Address Suite 308
#4 Hospital Plaza

City

Clarksburg

State

WV

Zip Code

26301-9318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: A60E27A6D8A66450692C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joseph Kiener, MD

Mailing Address 530 Hammill

City

Reno

State

NV

Zip Code

89511-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: AC380C7B0221F42598FA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Janis Dipietro

Mailing Address 155 E. 76th St

City

New York

State

NY

Zip Code

10021-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: A36E51632A83D46C19C7

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mark D Wigod

Mailing Address 3630 E. Louise Dr

City

Meridian

State

ID

Zip Code

83642-7975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: A6AF2A1C0C7B94603945

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Calvin Peters, MD

Mailing Address 2501 N. Orange Ave, Suite 310

City

Orlando

State

FL

Zip Code

32804-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: A36AD1D813C5E400CAD6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Stephen Bresnick, MD

Mailing Address 16633 Ventura Blvd , Suite 110

City

Encino

State

CA

Zip Code

91436-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Transaction ID: A1C788F5B3FDE4FFFA46

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jon B Bishop

Mailing Address Suite 442
700 West 800 North

City

Orem

State

UT

Zip Code

84057-6311

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Transaction ID: A0E20736050E84FCB99F

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Thomas M Dewire, Sr.

Mailing Address 3974 Springfield Rd

City

Glen Allen

State

VA

Zip Code

23060-4119

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Transaction ID: AB2E0EB797FF8431A8C9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Haroon A Aziz

Mailing Address Suite 120

1120 Polaris Parkway

City

Columbus

State

OH

Zip Code

43240-4042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: A60F9F215BF7E4B2EAB9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven Struck, MD

Mailing Address 3301 El Camino Real, Suite 200

City

Atherton

State

CA

Zip Code

94027-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: A3EC5C75FF3D9475180E

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Joel Atchison

Mailing Address Suite 45

4009 6th Avenue

City

Kearney

State

NE

Zip Code

68845-2393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: AF80FD580E2C5479FACA

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

James Cullington, MD

Mailing Address 1010 W. 9th St

City

Austin

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: AFD04FDA23AA9442C870

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Oscar Vargas, MD

Mailing Address Mendez Vigo 165 Este

City

Mayaguez

State

PR

Zip Code

00680-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: AA2B51AD312E24E2D895

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John Kelleher

Mailing Address 1819 Coulter Drive

City

Amarillo

State

TX

Zip Code

79106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: A55BDCFB9AEB14A8B9C9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Scot Glasberg, MD

Mailing Address 42a East 74th St

City

New York

State

NY

Zip Code

10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	7

Transaction ID: A6A9B8C38A0BB4284B22

Amount of Each Receipt this Period

1008.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Jones, MD

Mailing Address Suite A
526 North Chelan Avenue

City

Wenatchee

State

WA

Zip Code

98801-6696

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	7

Transaction ID: A912ED3D255B04A6A84E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Galen Perdakis, MD

Mailing Address 4500 San Pablo Rd

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic JacksonvilleOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	7

Transaction ID: AAAA11D5A74F24242BCC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1758.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Kimberly Goh, MD

Mailing Address Suite 101

4610 Oleander Drive

City

Myrtle Beach

State

SC

Zip Code

29577-5752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: A3F74E7CBFE94460A805

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Paul Weiss, MD

Mailing Address 1049 5th Ave , Suite 2d

City

New York

State

NY

Zip Code

10028-0115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: A71D29FD3D2D04576B87

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul Rosenberg, MD

Mailing Address 3rd Floor

1567 Palisade Avenue

City

Fort Lee

State

NJ

Zip Code

07024-6923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: AFC5788FB462E45EBB77

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Linda Phillips, MD

Mailing Address 6 124 McCullough Building
301 University Boulevard

City State Zip Code
Galveston TX 77555-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: A31CE25DB3EA2467EA6E

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Debra Johnson

Mailing Address 3500 Cutter Way

City State Zip Code
Sacramento CA 95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 7

Transaction ID: A57083DD716974FAAA14

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Clint Welsh, MD

Mailing Address 2930 Hillrise, Suite 6

City State Zip Code
Las Cruces NM 88011-4776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: A5ADBD349071E4FDD9D6

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Jon Finkler, MD

Mailing Address 2200 Sunrise Blvd , Suite 250

City

Gold River

State

CA

Zip Code

95670-4378

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AD655DE1BE0574C7DB13

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stephen Hardy, MD

Mailing Address 614 W. Spruce St

City

Missoula

State

MT

Zip Code

59802-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AABC8D8EBF7904AF3911

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David Abramson, MD

Mailing Address 42a East 74th St

City

New York

State

NY

Zip Code

10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: A694CA2651EA640A284F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Mary Ann Contogiannis, MD

Mailing Address 211 State St

City

Greensboro

State

NC

Zip Code

27408-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: A5257BA3D56904B14AB3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joel Shanklin, MD

Mailing Address Suite A
900 Mohawk Street

City

Savannah

State

GA

Zip Code

31419-1772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: AB627BE266B51424EB03

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael McGuire, MD

Mailing Address 552 Stassi Ln

City

Santa Monica

State

CA

Zip Code

90402-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: ABBD1E2A4F2FE4AD2BB9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Alian Polynice

Mailing Address Ste. 1AB

59 East 79th Street

City

New York

State

NY

Zip Code

10075-0258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: A91085A29EA8D4955BDC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lynn D Derby

Mailing Address Suite 206

235 E. Rowan Avenue

City

Spokane

State

WA

Zip Code

99207-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: A799F319870E64BBE82A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Phillip Kearney

Mailing Address 105 27th Ave. SE

City

Puyallup

State

WA

Zip Code

98374-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: AC305F63AFC9F44BAA04

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Peter R Ledoux

Mailing Address PRMA of South Texas
9365 Huebner Rd.

City	State	Zip Code
San Antonio	TX	78240-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: A150706DF207E418EA69

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Keith Brandt, MD

Mailing Address Suite 5401, North Campus, Box 8238
660 S. Euclid Avenue

City	State	Zip Code
Saint Louis	MO	63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Div. of Plastic & Reconst-
ructi SurgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AB3422598DDE646D689C

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John Osborn, MD

Mailing Address 95 Scripps Dr

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: A15036E03EB784CEB9DA

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

John Fagg, MD

Mailing Address 2901 Maplewood Ave

City

Winston Salem

State

NC

Zip Code

27103-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: A29AFC49CB6EC452F81C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles Lee, MD

Mailing Address 436 N. Roxbury Drive

City

Beverly Hills

State

CA

Zip Code

90210-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AEC0C5E0234244CC992A

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Craig E Harrison

Mailing Address Suite 200
1100 E. Lake Street

City

Tyler

State

TX

Zip Code

75701-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: A4727B42D553349499C6

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

George H. Sanders

Mailing Address 16633 Ventura Blvd.

City

Encino

State

CA

Zip Code

91436-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AB81843ADCB444AE0A66

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Aric Eckhardt, MD

Mailing Address Suite 401
600 John Deere Road

City

Moline

State

IL

Zip Code

61265-6812

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AB29822166F4B41D791F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Hilton Adler, MD

Mailing Address 179 Bellemeade Rd , Suite 1

City

East Setauket

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AC970A8E86E5D453EB8B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Darrick Antell, MD

Mailing Address 850 Park Ave

City

New York

State

NY

Zip Code

10075-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: AAC288DC792774BB0AC4

Amount of Each Receipt this Period

501.00

B.

Full Name (Last, First, Middle Initial)

Gerald Schneider, MD

Mailing Address 10666 N. Torrey Pines Rd

City

La Jolla

State

CA

Zip Code

92037-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scripps ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: A0178537DCE1A4768ABA

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Daniel Garritano, MD

Mailing Address 4139 Boardman Canfield Rd.

City

Canfield

State

OH

Zip Code

44406

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: A8D23784671674B68BAD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1051.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Shahin Javaheri

Mailing Address Suite 626

2999 Regent Street

City

Berkeley

State

CA

Zip Code

94705-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: AD9E3F16934E24953A1D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James D Namnoun

Mailing Address Suite 500

975 Johnson Ferry Road

City

Atlanta

State

GA

Zip Code

30342-4737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: AB34CA784CB804162AB7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Chang Soo Kim, MD

Mailing Address 901 W. Main St Suite 107

City

Freehold

State

NJ

Zip Code

07728-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: A7DF993FA32D9433EB72

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Howard Rosenberg, MD

Mailing Address 2204 Grant Rd , Suite 201

City

Mountain View

State

CA

Zip Code

94040-3877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: AA1B74A77210B4274AEF

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

James R Payne

Mailing Address 1334 Nelson Ave

City

Modesto

State

CA

Zip Code

95350-5341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: AF5D4D261DF164D4C8CF

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Anne Taylor, MD

Mailing Address 1800 Abbotsford Green Dr.

City

Powell

State

OH

Zip Code

43065-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: AC792AB4E94BE49EDA36

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

John Canady, MD

Mailing Address 200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ. IA Hosp. Plastic Su-
rgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: A0FB36E0CAE014C75B79

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dennis P Thompson

Mailing Address Suite 460
1301 20th Street

City

Santa Monica

State

CA

Zip Code

90404-2088

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: A9695BEAC26584653B0D

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Kaplan

Mailing Address 5455 North Marginal Road

City

Cleveland

State

OH

Zip Code

44114-3937

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: A8CF0DE12742B4EB0865

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Michael A Epstein

Mailing Address Suite 211

1535 Lake Cook Road

City

Northbrook

State

IL

Zip Code

60062-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: AEB38F5C88B3F4FE7B59

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Soheil Sean Younai, MD

Mailing Address Suite 100

16055 Ventura Boulevard

City

Encino

State

CA

Zip Code

91436-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: A4DC11EECCAB44530986

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Curtis Wong, MD

Mailing Address Suite 101

2439 Sonoma Street

City

Redding

State

CA

Zip Code

96001-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: A1EDA47D0427D4168AED

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Anne Taylor, MD

Mailing Address 1800 Abbotsford Green Dr.

City

Powell

State

OH

Zip Code

43065-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: AE7A15659486C4E2CA0E

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Linda Swanson

Mailing Address 23560 Madison St.

City

Torrance

State

CA

Zip Code

90505-4708

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: A1F2FE9E6530D4AFFAAC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ralph Colpitts, MD

Mailing Address P o Box 2085

City

Lake Charles

State

LA

Zip Code

70602-2085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plastic Surgery Associates
of SWLAOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	7

Transaction ID: A4A9B5C73ACD54AEE8EB

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald Johnson

Mailing Address 7910 Wolf River Blvd

City

Germantown

State

TN

Zip Code

38138-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: A6F3B32D04DE64261B30

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brian Slywka, MD

Mailing Address Suite 101
351 Rolling Oaks Dr.

City

Thousand Oaks

State

CA

Zip Code

91361-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: A08B23619BEE948E4BC3

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

David M Turner

Mailing Address Suite C-8
711 W. 38th Street

City

Austin

State

TX

Zip Code

78705-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: ACB4C42C568D941A598D

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Nadia Blanchet, MD

Mailing Address 9210 Forest Hill Ave

City

Richmond

State

VA

Zip Code

23235-6880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A5E313F2CD41C47368F6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas J Zaydon, Jr.

Mailing Address Suite 509
3661 S. Miami Avenue

City

Miami

State

FL

Zip Code

33133-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cosmetic Surgery Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A192722F72FC3408D91A

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Bruce Van Natta

Mailing Address 170 W. 106th St

City

Indianapolis

State

IN

Zip Code

46290-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A59D19C65422447F58F1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

David Abramson, MD

Mailing Address 42a East 74th St

City

New York

State

NY

Zip Code

10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A78D28A0795814E23BE6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gary D Hall

Mailing Address Suite 216
11401 Nall Avenue

City

Leawood

State

KS

Zip Code

66211-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Cosmetic Surgery,
PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A49DB5208A77E438FA95

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Petra Schneider-Redden, MD

Mailing Address 4 Medical Blvd
Hattiesburg Clinic

City

Hattiesburg

State

MS

Zip Code

39401-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A1ED7AFF47DB84F1A997

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

J.L Crow, MD

Mailing Address 1428 Central Ave N. e

City

East Grand Forks

State

MN

Zip Code

56721-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Red River Plastic Surgery
ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	7

Transaction ID: A226C0D4D10144FE8B52

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael J Miller

Mailing Address 2285 Conventry Rd.

City

Columbus

State

OH

Zip Code

43221-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of TexasOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	7

Transaction ID: A8552A73D1D024A9AB48

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Steven P Bloch

Mailing Address Suite 2 E.
1160 Park Avenue W.

City

Highland Park

State

IL

Zip Code

60035-2271

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	7

Transaction ID: A09B5BA2ACB1A467AAB5

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Peter Schwartz, MD

Mailing Address 143 Froehlich Farm Rd

City

Woodbury

State

NY

Zip Code

11797-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A4D7FB64EA7DC4999B56

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gilbert Lee, MD

Mailing Address 11515 El Camino Real Rd , Suite 15

City

San Diego

State

CA

Zip Code

92130-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: A3D65A97BEBE3498FB80

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gregory Evans, MD

Mailing Address Uci Manchester Pavilion
200 S. Manchester Avenue

City

Orange

State

CA

Zip Code

92868-3217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aesthetic & Plastic Surge-
ry Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 7

Transaction ID: AF6BF628DD39B4915A29

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Basil Michaels, MD

Mailing Address 426 South St

City

Pittsfield

State

MA

Zip Code

01201-8228

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: AA8DA92196F174337AD5

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carl W Lentz, III

Mailing Address 1040 W. International Speedway Blv

City

Daytona Beach

State

FL

Zip Code

32114-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: A034A22C0E48D40338AE

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rick Smith, MD

Mailing Address Suite 102
2900 Hannah Boulevard

City

East Lansing

State

MI

Zip Code

48823-5380

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: A6F0200B104684BEF97C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Alan M Bienstock

Mailing Address Suite 1e

19 East 80th Street

City

New York

State

NY

Zip Code

10075-0170

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: AFA48E0FF826643FFA50

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David L Feldman

Mailing Address Maimonides Medical Center

925 49th Street

City

Brooklyn

State

NY

Zip Code

11219-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maimonides Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	7

Transaction ID: AFC242B45EB354612801

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Onelia Garcia, MD

Mailing Address 7100 W. 20th Blvd , Suite 110

City

Hialeah

State

FL

Zip Code

33016-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	7

Transaction ID: A3797AA2763464091AEC

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Charles Lee, MD

Mailing Address 436 N. Roxbury Drive

City

Beverly Hills

State

CA

Zip Code

90210-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: AA31F9480EB334A7C946

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John McGill, MD

Mailing Address 436a State St

City

Bangor

State

ME

Zip Code

04401-6663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: A450471460D4C4EACBD0

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard D Corley

Mailing Address Suite 106
416 St. Marks Court

City

Peoria

State

IL

Zip Code

61603-3754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: A61871D2E5CE7419897E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

William Georgis, MD

Mailing Address 6030 Garret Ln

City

Rockford

State

IL

Zip Code

61107-6637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: AB2C0A3AA96834BDABDF

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Roger Mixer, MD

Mailing Address 5201 N. Port Washington Rd

City

Milwaukee

State

WI

Zip Code

53217-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: A68BBC4E2F3EC46B2955

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Glenn Davis, MD

Mailing Address Suite 360
2304 Wesvill Court

City

Raleigh

State

NC

Zip Code

27607-2981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: A19C02BD438F14ACA947

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Bethanne Snodgrass, MD

Mailing Address Suite 216

5300 Harroun Road

City

Sylvania

State

OH

Zip Code

43560-2182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: A62229438B20D4A25A09

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Kearney, MD

Mailing Address P o Box 927072

City

San Diego

State

CA

Zip Code

92192-7072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: A16021FC1F7D84E14897

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Roger E Emory

Mailing Address 112 Abingdon Place

City

Abingdon

State

VA

Zip Code

24211-5197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A5182E18A140D43E489D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Phillip H Nunnery

Mailing Address Suite A

1936 Jenks Avenue

City

Panama City

State

FL

Zip Code

32405-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A1577F01449A9458084F

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Wendell Smoot, MD

Mailing Address 9850 Genessee Ave , Suite 300

City

La Jolla

State

CA

Zip Code

92037-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: AD01240CA1D26469C83C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Hootan Daneshmand, MD

Mailing Address Suite 100

27462 Portola Parkway

City

Foothill Rnch

State

CA

Zip Code

92610-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A9B0E8F13E6F644FA9B7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Prasad Sureddi, MD

Mailing Address 714 Chase Pkwy

City

Waterbury

State

CT

Zip Code

06708-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A2D842EC707754A1CA98

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles Louis Dupin

Mailing Address Suite 640 South

1111 Medical Center Boulevard

City

Marrero

State

LA

Zip Code

70072-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westbank Plastic Surgery,
L.L.C.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A7BCE95DDA0EF417DA59

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Amy G Wandel

Mailing Address 6555 Coyle

City

Carmichael

State

CA

Zip Code

95608-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: A5524048556034916AB9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Rafael Avila, MD

Mailing Address Suite 110

1022 E. Griffin Parkway

City

State

Zip Code

Mission

TX

78572-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: A62491AEDED4A4CB696F

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Kanosky, MD

Mailing Address 2550 Flowood Dr

City

State

Zip Code

Flowood

MS

39232-9303

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: ADEDE264F6B5F43B3A3E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Anthony Tufaro, MD

Mailing Address 601 N. Caroline St
Mcelderry 8130-d

City

State

Zip Code

Baltimore

MD

21287-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: A1C089F0E461844C082E

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Mitchel Krieger, MD

Mailing Address Suite 301

3700 Joseph Siewick Drive

City

State

Zip Code

Fairfax

VA

22033-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: A376E70DB119F4CDF89A

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gregory P Wittpenn

Mailing Address 627 Russell Blvd

City

State

Zip Code

Nacogdoches

TX

75965-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Horizons Plastic Surg-
ery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: A7D865C4CDA884429A53

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

June Wu

Mailing Address Suite 601

161 Fort Washington Avenue

City

State

Zip Code

New York

NY

10032-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: AC08978DA6CB44CB2A69

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Alan Serure, MD

Mailing Address 7300 SW 62nd Place, Suite 200

City

South Miami

State

FL

Zip Code

33143-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A83C6D057CC244B4FAF5

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James Marsh, MD

Mailing Address 2677 S. Tamiami Trail

City

Sarasota

State

FL

Zip Code

34239-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A510FFD504C6841EEB3F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph Cruise, MD

Mailing Address 180 Newport Center Dr , Suite 150

City

Newport Beach

State

CA

Zip Code

92660-6986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruise Plastic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A57A64D8AF57E46EB8B6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

David Klein, MD

Mailing Address 398 Copperfield Blvd , N. e

City

Concord

State

NC

Zip Code

28025-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Plastic Surge-
ry

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A0A9EE717EB004708942

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William G. Loutfy

Mailing Address 10400 Academy NE

City

Albuquerque

State

NM

Zip Code

87111-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A49A850EAD7C544CDB6B

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John Corey, MD

Mailing Address 10210 N. 92nd Street, Suite 200

City

Scottsdale

State

AZ

Zip Code

85258-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A70BCEFD2E320480B96F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Benjamin Schlechter

Mailing Address Suite 207

2603 Keiser Boulevard

City

Wyomissing

State

PA

Zip Code

19610-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proserpi-Schlechter CPS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A3658930E070743F4A33

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Cohen

Mailing Address # A - 500

5410 North Scottsdale Road

City

Paradise Valley

State

AZ

Zip Code

85253-5927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Center Plastic
Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: AB45E6AE0E4BC4CB0B87

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard A. D'Amico, MD

Mailing Address Suite 3 - NE

180 N. Dean Street

City

Englewood

State

NJ

Zip Code

07631-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: A5577E59EE1A14C92A08

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Richard Redman

Mailing Address 7110 Forest Ave.

City

Richmond

State

VA

Zip Code

23226-3786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: AEB6E688F30B743F7A11

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James Sheridan, MD

Mailing Address 5401 Knoxville Ave , Suite 103

City

Peoria

State

IL

Zip Code

61614-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: AD4A90F93AD9A4EE597D

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Striden

Mailing Address 116 Christie Drive

City

Lufkin

State

TX

Zip Code

75904-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: AA4973A4C1A0B499BABE

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Gary Price, MD

Mailing Address Suite 1-8

5 Durham Road

City

Guilford

State

CT

Zip Code

06437-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: A337D297D19794BEB8B0

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter Gee, MD

Mailing Address 3 Woodland Rd , Suite 318

City

Stoneham

State

MA

Zip Code

02180-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A7103397B5E8A49B3A43

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Csikai, MD

Mailing Address 8823 San Jose Blvd , Suite 301

City

Jacksonville

State

FL

Zip Code

32217-4290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A511A3B2EB4B240D0B18

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

A. Jay Burns, MD

Mailing Address Suite 6000

411 N. Washington

City

Dallas

State

TX

Zip Code

75246-1789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A0775D08C581D431C964

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

John Borkowski, MD

Mailing Address 85 Church St

City

Middletown

State

CT

Zip Code

06457-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: ABF3137EB05E5428C876

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

J. Frederick Doecker, MD

Mailing Address 2701 Lincoln Ave

City

Evansville

State

IN

Zip Code

47714-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A26B92B71D8B749A1B6C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Gary Smith, MD

Mailing Address 2 Medical Plaza, Suite 130

City

Roseville

State

CA

Zip Code

95661-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A227865C679424643ADE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Louise Turkula, MD

Mailing Address 2452 Lafayette Rd

City

Wayzata

State

MN

Zip Code

55391-9750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: A52F3F0BE46CD469CB67

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard J Beil

Mailing Address PO Box 994
5333 Mcauley Drive Room 5001

City

Ann Arbor

State

MI

Zip Code

48106-0994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: ACDEC54B5F54D4417974

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Martin A Morse

Mailing Address Suite F

10132 Colvin Run Road

City

State

Zip Code

Great Falls

VA

22066-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Falls Plastic Surge-
ry Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: A2D2CCB2A29804BF9953

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John A Persing

Mailing Address Yale P S. -Bb330n

330 Cedar Street,

City

State

Zip Code

New Haven

CT

06510-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boardman Bldg 3rd Floor

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: A871CB507D262441CB50

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William Seward

Mailing Address 2120 Pioneer Road

City

State

Zip Code

Evanston

IL

60201-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Society Of Plast-
ic Su

Occupation
Director Of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: AA04B1A91CD48469D82A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Malcolm Roth, MD

Mailing Address 925 49th St

City

Brooklyn

State

NY

Zip Code

11219-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: A62E32FC7DB904A7EABF

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Constantino Mendieta

Mailing Address 2310 S. Dixie Hwy

City

Miami

State

FL

Zip Code

33133-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: A1EE1605C4D754249AF4

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Todd Pollock, MD

Mailing Address 8305 Walnut Hill Ln , Suite 210

City

Dallas

State

TX

Zip Code

75231-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: AA5C6F720B0874B18A12

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

R. Michael Koch

Mailing Address Suite 109

155 White Plains Road

City

Tarrytown

State

NY

Zip Code

10591-5563

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Group for Plas
Surg

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: A8673D2CBC3314337941

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ernest G Layton, Jr.

Mailing Address Suite 204

6243 Fairmont Parkway

City

Pasadena

State

TX

Zip Code

77505-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: AC2DF369C79C84CBAB40

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

George Picha, MD

Mailing Address Suite 640

5005 Rockside Road

City

Independence

State

OH

Zip Code

44131-6808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: AFB867DF84ADD4C3082C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

James Lin, MD

Mailing Address 8021 Laguna Blvd , Suite 3

City

Elk Grove

State

CA

Zip Code

95758-7920

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	7

Transaction ID: AA0CCC69D5487436B9D1

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ronald Downs, MD

Mailing Address Suite 300
500 Arcade Avenue

City

Elkhart

State

IN

Zip Code

46514-2486

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Centre P.C.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	7

Transaction ID: ACBC9EF196DFE405FB0C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kiya Movassaghi

Mailing Address Suite 4
1550 Oak Street

City

Eugene

State

OR

Zip Code

97401-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	7

Transaction ID: A0A2A40BC1C1E4041860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Lester J Yen

Mailing Address Suite 120

5950 University Avenue

City

West Des Moines

State

IA

Zip Code

50266-8232

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Iowa Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: ABDA1DDD5415F4EB6892

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John J O'Brien, Jr.

Mailing Address 7855 38th Ave North

City

Saint Petersburg

State

FL

Zip Code

33710-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: AC77AE286BED04814B11

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary D Salomon

Mailing Address Suite 640

1199 Bush Street

City

San Francisco

State

CA

Zip Code

94109-5977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: A89A7FEC292A344F6885

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Lu-Jean Feng

Mailing Address Lu-Jean Feng Clinic
31200 Pinetree RoadCity State Zip Code
Pepper Pike OH 44124-5928FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: AB620A39AE7C541FB927

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bruce Greenstein, MD

Mailing Address 327 Heathcothe Rd

City State Zip Code
Scarsdale NY 10583-7107FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: AE49DCE735A254332A5A

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Peter Giacobazzi, MD

Mailing Address 433 North Camden Dr , Suite 1170

City State Zip Code
Beverly Hills CA 90210-4415FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: A2F9E752F8AFA4298879

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

William H Huffaker

Mailing Address Suite 300

17300 N. Outer 40 Road

City

Chesterfield

State

MO

Zip Code

63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Cosmetic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 7

Transaction ID: A68CD0DF04DF3467185C

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

J. Gregory Ganske

Mailing Address Suite 312

1301 Penn Avenue

City

Des Moines

State

IA

Zip Code

50316-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A64E28C66018C4B718C5

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Carol Shapiro, MD

Mailing Address 1940 Optiz Blvd

City

Woodbridge

State

VA

Zip Code

22191-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: AC2765B6CF76D45739C0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Mark Labowe, MD

Mailing Address 100 Ucla Medical Plaza, Suite 747

City

Los Angeles

State

CA

Zip Code

90095-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A858276816EFD4A2ABDA

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Harris, MD

Mailing Address 540 Madison Oak, Suite 560

City

San Antonio

State

TX

Zip Code

78258-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A40C9676F819A4E16A13

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles E Hughes, III

Mailing Address Suite 450
8051 S. Emerson Avenue

City

Indianapolis

State

IN

Zip Code

46237-8667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: AFB5ADF7C520E4EF8956

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

John M Pitman, III

Mailing Address 324 Monticello Ave

City

Williamsburg

State

VA

Zip Code

23185-2834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A8EDEC7653EE44F0DB78

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Neal R Reisman

Mailing Address Suite 1600
6624 Fannin

City

Houston

State

TX

Zip Code

77030-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: ABA1672CD56AF4331857

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Alan Pillersdorf, MD

Mailing Address Suite 100
1620 S. Congress Avenue

City

Palm Springs

State

FL

Zip Code

33461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: AAC8F0A74FBB54D51965

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Brian Kinney, MD

Mailing Address 2080 Century Park East, Suite 1110

City

Los Angeles

State

CA

Zip Code

90067-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: AF8EE2CB0094A4FD2B62

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Robert Havlik, MD

Mailing Address 7043 Fox Hollow Ridge

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer
IN Univ Plas Surg Riley
Hosp

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A562D1D20CF4444E4936

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Roberta Gartside, MD

Mailing Address 1800 Towne Center Dr , Suite 412

City

Reston

State

VA

Zip Code

20190-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A2A20C54A2B784822980

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Gregory Swank, MD

Mailing Address 5141 Hurricane Hill Road

City

Granite Falls

State

NC

Zip Code

28630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Plastic Surgery &
Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: AB8454F70DEEB4384A04

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carolyn Kerrigan, MD

Mailing Address 4 Partridge Rd.

City

Etna

State

NH

Zip Code

03750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth Hitchcock Medic-
al Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A99E36FAFB0204E1AB30

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Howard Perofsky, MD

Mailing Address Suite 230
682 Hemlock Street

City

Macon

State

GA

Zip Code

31201-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: A1F214879661E4EA58C9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Larry P Weinstein

Mailing Address

Suite 3k
385 State Route 24

City

Chester

State

NJ

Zip Code

07930-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: AFD22D1FD774645759D9

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard F Carver

Mailing Address

Suite 100a
7236 Jordoan Drive

City

Rapid City

State

SD

Zip Code

57702-8740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: A219BE1B385DB4BEBA21

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Bull

Mailing Address

3508 Redwing Ct

City

Naperville

State

IL

Zip Code

60564-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: AC6A76181DDA246D69CA

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

David Reath, MD

Mailing Address 109 Northshore Dr , Suite 101

City

Knoxville

State

TN

Zip Code

37919-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: AE45640A2E13E4E1A8E7

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael Kanosky, MD

Mailing Address 2550 Flowood Dr

City

Flowood

State

MS

Zip Code

39232-9303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: A651DD84A37F64E418CB

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Chandrasekhar Basu

Mailing Address Suite 1600
3333 Allen Parkway

City

Houston

State

TX

Zip Code

77019-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor Plastic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: AF8D937E7719748E99C0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Robert M Kimmel

Mailing Address 575 East Norwegian St

City

Pottsville

State

PA

Zip Code

17901-3711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keystone Cosmetic Surgery
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: AD2B4DF3421664B69828

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gary Smotrich, MD

Mailing Address 3131 Princeton Pike

City

Lawrenceville

State

NJ

Zip Code

08648-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: AB34ABDB348044E37937

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Douglas Forman, MD

Mailing Address 11210 Old Georgetown Rd

City

North Bethesda

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: A1C65ED3CF86746C08D7

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 100

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

J. Frederick Doecker, MD

Mailing Address 2701 Lincoln Ave

City

Evansville

State

IN

Zip Code

47714-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: A67C54E3CCFF143E38F6

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Michael Cedars, MD

Mailing Address 3300 Webster St , Suite 1106

City

Oakland

State

CA

Zip Code

94609-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: AB013DAF60F5641ADAB8

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David E Saunders

Mailing Address 3 Westbrae Ln

City

Greenville

State

DE

Zip Code

19807-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: A5401883F732A495CB50

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Gilbert E Tresley

Mailing Address Suite 809

120 Oakbrook Center

City

Oak Brook

State

IL

Zip Code

60523-4761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: A7D81EDDD74A1476E9BF

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Constantino Mendieta

Mailing Address 2310 S. Dixie Hwy

City

Miami

State

FL

Zip Code

33133-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: AA3C76CB124A042E6BD4

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Christine Rohde

Mailing Address Suite 607

161 Fort Washington Avenue

City

New York

State

NY

Zip Code

10032-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: AD9A6F92A5996459CBDB

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Robert Tornambe

Mailing Address 46 E. 82nd St.

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: A9FD2A07FC9BD4C7A9BE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bruce L Daniels

Mailing Address Suite 110
375 Rolling Oaks Drive

City

Thousand Oaks

State

CA

Zip Code

91361-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: A43C54418D1F548D3B44

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David A Ross

Mailing Address 11300 W. 79th St.

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: AA50B729A9B0B433E9BB

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Robert Graper, MD

Mailing Address Suite 103

2915 Coltsgate

City

Charlotte

State

NC

Zip Code

28211-3883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: A95845EF82C5841A38A8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Nathan Mayl, MD

Mailing Address Suite 200

6405 N. Federal Highway

City

Fort Lauderdale

State

FL

Zip Code

33308-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: A12D4D466D2C149D4A07

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Clifford Clark, MD

Mailing Address 701 W. Morse Blvd

City

Winter Park

State

FL

Zip Code

32789-3731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: AF0EBEB2142454157B64

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Ernest Normington

Mailing Address Suite 200

210 Jpm Road

City

Lewisburg

State

PA

Zip Code

17837-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: AD9A1880A558C4F5A9C1

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Madhukar Chhatre, MD

Mailing Address 3151 NE Carnegie Drive

City

Lees Summit

State

MO

Zip Code

64064-3215

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: A191BADF7C1F14F11943

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William M Kuzon, Jr.

Mailing Address 2130 Taubman Center

1500 E. Medical Center Drive

City

Ann Arbor

State

MI

Zip Code

48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MichiganOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	7

Transaction ID: ACF68548956C7430F848

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Dan Shell, III

Mailing Address 6209 Poplar Ave Suite 200

City

Memphis

State

TN

Zip Code

38119-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: A3DEFCF0557DF48E8847

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stuart Lipton, MD

Mailing Address 591 West Main

City

Lewisville

State

TX

Zip Code

75057-3628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: A7295FBEBBAA24817B39

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gwendolyn Maxwell

Mailing Address 2490 East River Rd

City

Tucson

State

AZ

Zip Code

85718-6522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maxwell Aesthetics

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: AE543E46F261447E0AF6

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Atul Amin, MD

Mailing Address 3735 Easton Nazareth Hwy
Suite 302

City State Zip Code
Easton PA 18045-8347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: A43771E76B9CD461BBCA

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Christopher Morea, MD

Mailing Address 7700 Lead Mine Rd

City State Zip Code
Raleigh NC 27615-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: A500724D2F62B40719AC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mary Ann Piskun

Mailing Address 1810 Coulter

City State Zip Code
Amarillo TX 79106-1777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: A7867E3C103A240819E2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Rudolf F Buntic

Mailing Address Suite 140

45 Castro Street

City

San Francisco

State

CA

Zip Code

94114-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Transaction ID: A1DFCBEFC6255490985F

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mark A Pinsky

Mailing Address 927 45th Street, Suite 201

City

West Palm Beach

State

FL

Zip Code

33407-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Transaction ID: A2A0B4425E0DF43A343

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mario Loomis, MD

Mailing Address 225 Dolson Ave , Suite 302

City

Middletown

State

NY

Zip Code

10940-6573

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Transaction ID: AA3C64F81C44F4DFA980

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

James H French, Jr.

Mailing Address Suite 490

3299 Woodburn Road

City

Annandale

State

VA

Zip Code

22003-7334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: A4345C5C855CC4FF8A81

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Susan D Vasko

Mailing Address 4971 Arlington Centre Blvd

City

Upper Arlington

State

OH

Zip Code

43220-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Aesthetic & Plas-
tic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: A9066A01126AD4109AB3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Donald Morris, MD

Mailing Address Suite 210

235 Cypress Street

City

Brookline

State

MA

Zip Code

02445-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longwood Plastic Surgery,
P.C.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: A601E68816E974B54BBF

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Laurence Kirwan, MD

Mailing Address 605 West Ave

City

Norwalk

State

CT

Zip Code

06850-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: A6B4B5E53841840AD8B7

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Creech

Mailing Address 13841 S. Anyon Dr

City

Phoenix

State

AZ

Zip Code

85048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: A4E174FD38B1B4523A73

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lorne K Rosenfield

Mailing Address Suite 405
1750 El Camino Real

City

Burlingame

State

CA

Zip Code

94010-3217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: A54023C2FDAD84936A7A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Kenrick Spence, MD

Mailing Address 130 Hillcrest St

City

Orlando

State

FL

Zip Code

32801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: AC16B16D389F5454495E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Eric Bachelor, MD

Mailing Address 1387 Santa Rita Rd

City

Pleasanton

State

CA

Zip Code

94566-5643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: A97E713A078F849E385A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Peter Marzek, MD

Mailing Address Suite A-2
1879 Nightingale Lane

City

Tavares

State

FL

Zip Code

32778-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: A4906F802ACA343BD89B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Leonard T Yu

Mailing Address Suite 250

33 Lono Avenue

City

Kahului

State

HI

Zip Code

96732-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: A8855379B46B541AEB7A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Louis Bucky, MD

Mailing Address The Farm Journal Building, Suite 1

230 West Washington Squarre

City

Philadelphia

State

PA

Zip Code

19106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: ACA17D9DAA88F46DBAAF

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marcel M Malek

Mailing Address Suite 101

8438 E. Shea

City

Scottsdale

State

AZ

Zip Code

85260-6669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: A10B903955983415E8B2

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Glenn Jelks

Mailing Address 260 Manor Road

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
JelksMedicalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: A7BF67F29601D4862869

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Patrick Hodges, MD

Mailing Address 8220 Walnut Hill Ln , Suite 206

City

Dallas

State

TX

Zip Code

75231-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: AD177246E8D5140EBADA

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lisa Sowder, MD

Mailing Address Suite 1650
901 Boren Avenue

City

Seattle

State

WA

Zip Code

98104-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: AAF036C1376F4EC5824

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Scott Greenberg, MD

Mailing Address 1925 Mizell Ave.
Suite 303

City State Zip Code
Winter Park FL 32792-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A9D64F7E5247A4C4CB5D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Elsa M Raskin

Mailing Address Suite 102
2 1/2 Dearfield Drive

City State Zip Code
Greenwich CT 06831-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: AE113F1C228FD4052A08

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

116879.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Maloney For Congress	Transaction ID: B2B15B771ACAF481AB5D Date of Disbursement																				
Mailing Address 49 East 92nd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City New York State NY Zip Code 10128	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Carolyn B. Maloney	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matheson for Congress	Transaction ID: BD86025CF528C49FEBB2 Date of Disbursement																				
Mailing Address PO Box 521048 Suite A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
City Salt Lake City State UT Zip Code 84152-1048	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Jim Matheson	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: B205E475FD72D4669806 Date of Disbursement																				
Mailing Address 400 North Capitol Street Nw #585	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sen. Mitch McConnell	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: BA2146205CA824A8E849 Date of Disbursement																				
Mailing Address 7905 Malcolm Road Suite 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Steny H. Hoyer	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. for Congress	Transaction ID: BEE92B565B1D24C84B91 Date of Disbursement																				
Mailing Address P.O. Box 909	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
City Columbus State GA Zip Code 31902-0909	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Sanford D. Bishop, Jr.	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: B22EF0627B70C45B799E Date of Disbursement																				
Mailing Address 5429 Madison Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Mike Thompson	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Friends for Baron Hill Mailing Address P.O. Box 1071	Transaction ID: BF5FDA5C0337A4F109F2 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Seymour State IN Zip Code 47274-1071 Purpose of Disbursement <div>Category/Type</div> Candidate Name Baron P. Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09	Amount of Each Disbursement this Period <div>2000.00</div>
B. Full Name (Last, First, Middle Initial) Friends of Gordon Smith Mailing Address 900 19th St. NW 8th Floor City Washington State DC Zip Code 20006-2105 Purpose of Disbursement <div>Category/Type</div> Candidate Name Sen. Gordon H. Smith Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:	Transaction ID: B5FB950F22F764DE0882 Date of Disbursement <div> <div>08</div> <div>06</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) Giffords for Congress Mailing Address P.O. Box 12886 City Tucson State AZ Zip Code 85732-2886 Purpose of Disbursement <div>Category/Type</div> Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 08	Transaction ID: B3E28BAA0C02845CE826 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2000.00</div>

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: B98FD3A3A1A174BD58FC Date of Disbursement
Mailing Address 607 14th Street Nw Suite 800 Suite 1434	<div> <div>MM / DD / YY</div> <div>08 / 06 / 2007</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Sen. Mary L. Landrieu	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Enzi For US Senate	Transaction ID: B98C564EB31004C1CB1C Date of Disbursement
Mailing Address Po Box 2775	<div> <div>MM / DD / YY</div> <div>08 / 06 / 2007</div> </div>
City Cody State WY Zip Code 82414-2775	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Sen. Mike B. Enzi	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: BF3B9251FA9964D6D947 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Suite 2000	<div> <div>MM / DD / YY</div> <div>11 / 30 / 2007</div> </div>
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Patrick J. Tiberi	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Ted Kennedy for Senate 2012	Transaction ID: BE58C03BF2978433DA02 Date of Disbursement
Mailing Address 301 4th St. NE Suite 202	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Washington State DC Zip Code 20002-5813	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Sen. Edward M. Kennedy	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens For Harkin	Transaction ID: BF93F07E286A84F18889 Date of Disbursement
Mailing Address P O Box 811	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>3000.00</div>
Candidate Name Sen. Tom Harkin	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: B3B338A79947C435D876 Date of Disbursement
Mailing Address 7905 Malcolm Road Suite 102	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Steny H. Hoyer	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: B777C1FD7170C415A9EF Date of Disbursement
Mailing Address Po Box 3176	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Long Branch State NJ Zip Code 07740-3176	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Frank Pallone, Jr.	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bart Gordon for Congress	Transaction ID: B06B0E333705745B9827 Date of Disbursement
Mailing Address PO Box 2008	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Murfreesboro State TN Zip Code 37133	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Bart Gordon	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Reed Committee	Transaction ID: B4D649BD222DA4D1A9F1 Date of Disbursement
Mailing Address P.O. Box 8628	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Cranston State RI Zip Code 02920-0628	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Sen. Jack F. Reed	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: B35D21D46201F472E98A Date of Disbursement
Mailing Address P.O. Box 425	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Roswell State GA Zip Code 30077-0425	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Thomas E. Price	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06	
B. Full Name (Last, First, Middle Initial) Michael Burgess For Congress	Transaction ID: B1AE46C8CC75E4DA6962 Date of Disbursement
Mailing Address Po Box 2334	<div> <div>08</div> <div>06</div> <div>2007</div> </div>
City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Michael C. Burgess	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26	
C. Full Name (Last, First, Middle Initial) Friends Of Max Baucus	Transaction ID: BF0301DE3FD01412B9B9 Date of Disbursement
Mailing Address Po Box 586	<div> <div>08</div> <div>06</div> <div>2007</div> </div>
City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Sen. Max S. Baucus	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Citizens For Cochran

Mailing Address Po Box 7183

City
Tupelo

State
MS

Zip Code
38802

Purpose of Disbursement

Candidate Name

Sen. Thad Cochran

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

State: MS

District:

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: B474EC4FA227344B08C3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

Candidate Name

Rep. Anna G. Eshoo

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

State: CA

District: 14

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: BDECCE5BD872240B0AE8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Pat Roberts for Senate

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530-0433

Purpose of Disbursement

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

State: KS

District:

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: B70DABE17625044D3A63

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A. Full Name (Last, First, Middle Initial) Susan Collins for Senator Mailing Address P.O. Box 2096	Transaction ID: B05C9A1E8CCA1460888F Date of Disbursement <div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Bangor State ME Zip Code 04402-2096 Purpose of Disbursement <div>Category/Type</div> Candidate Name Sen. Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Amount of Each Disbursement this Period <div>5000.00</div>
B. Full Name (Last, First, Middle Initial) Bart Gordon for Congress Mailing Address PO Box 2008 City Murfreesboro State TN Zip Code 37133 Purpose of Disbursement <div>Category/Type</div> Candidate Name Rep. Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06	Transaction ID: B32DBAA6FBF51448EBCE Date of Disbursement <div> <div>08</div> <div>06</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) Ben Cardin for Senate Mailing Address P.O. Box 21093 City Catonsville State MD Zip Code 21228-0593 Purpose of Disbursement <div>Category/Type</div> Candidate Name Rep. Benjamin L. Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	Transaction ID: B0E38CA590A8346F1B69 Date of Disbursement <div> <div>08</div> <div>06</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.Full Name (Last, First, Middle Initial)
John Sullivan for Congress Inc.

Mailing Address Post Office Box 470840

City State Zip Code
Tulsa OK 74147-0840

Purpose of Disbursement

Candidate Name
Rep. John SullivanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: B925D5C19C5324005A6A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Amount of Each Disbursement this Period

2000.00

B.Full Name (Last, First, Middle Initial)
Pallone For Congress

Mailing Address Po Box 3176

City State Zip Code
Long Branch NJ 07740-3176

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: B8ECBE87EA88E4C62B41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	7

Amount of Each Disbursement this Period

2500.00

C.Full Name (Last, First, Middle Initial)
Pete Stark Re-election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537-8331

Purpose of Disbursement

Candidate Name
Rep. Pete StarkCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: B8F277C0C23034005BD9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	7

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons

A.

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Mailing Address 203 Maryland Ave. NE

City
Washington

State
DC

Zip Code
20002-5703

Purpose of Disbursement

Candidate Name
Sen. Arlen Specter

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: B57D7F8A2BE464AF9820

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

80000.00